

# CERTIFICATE OF FIRE CLEARANCE

UTAH DEPARTMENT OF HEALTH  
Bureau of Licensing  
PO Box 142003  
Salt Lake City, Utah 84114-2003  
(801) 538-6152 (801) 538-6325 FAX

GENERAL	YES	N	N/A	REMARKS
1. Proper Exits/Stairways/Aisles				
2. Fire Resistive Construction				
3. Smoking Control				
4. Address on Building				
5. Fire Department Access				
6. Evacuation Plan/Training				
7. Certificate of Occupancy (Bldg. Official)				
8. Hydrant Location				
ELECTRICAL				
9. Proper Wiring: Extension Cords				
10. Elec. Shutoff Accessible/Room Labeled				
HOUSEKEEPING				
11. Good Housekeeping				
12. Proper Storage of Haz. Liquids & Gases				
HVAC SYSTEMS				
13. Gas Devices Vented/Adequate Comb.				
14. Combustibles Remote From Open				
15. Boiler/Appliance Safety				
16. Smoke/Control Systems				
PORTABLE EXTINGUISHERS				
17. Current & Tagged				
18. Placement and Type				
EXTINGUISHING/ALARM SYSTEMS				
19. Fire Extinguishing System				
20. Valves (OS&Y-PIV) FDC Location				
21. Fire Alarm System				
22. Hood Systems				
23. OTHER				

I, the undersigned, am in receipt of a copy of this inspection and am aware of the penalties for non-compliance of any orders listed hereon.

Additional fire regulations may be enforced by Federal, state or local agencies having program authority

This facility meets a reasonable level of fire and life safety.

YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
FIRE OFFICIAL/TITLE      DATE

FOLLOW-UP \_\_\_\_\_

\_\_\_\_\_  
OWNER/MANAGER